LARRY M. WOLFORD, DMD
Oral and Maxillofacial Surgery

March 31, 2010

PATIENT NAME: Justin Olsen
INSURED NAME: Justin Olsen
GROUP NUMBER: 9591
MEMBER'S ID: 959103757
DIAGNOSIS DATE: March 17, 2010

To Whom It May Concern:

I am submitting a letter of preauthorization for my patient, Justin Olsen. He was referred to me for diagnosis and correction of the following problems:

1.	Right TMJ arthritis	714.30
2.	Pain	784.00

An additional required procedure for the design and construction of the TMJ total joint prostheses, for this patient, is:

1.	CT scan (TMJ Concepts protocol)	70488	$ 2,000.00

The surgical procedures necessary to correct these problems are as follows:

1.	Right TMJ reconstruction with total joint prostheses (TMJ Concepts system)	21243	$16,000.00
2.	Abdominal fat graft to bilateral TMJs (includes harvesting)	15770	$ 2,300.00
3.	Application of maxillary and mandibular arch bars	21110-50	$ 4,000.00
4.	CT evaluation	76380	$ 2,050.00
5.	Presurgical evaluation	99244	$ 485.00
6.	Cephalogram	70350	$ 150.00
7.	Panorex	70355	$ 145.00
8.	Tomograms	70330	$ 330.00
9.	Hospital admission	99222	$ 355.00
10.	Discharge	99239	$ 345.00
11.	Hospital visits	99233	$ 500.00

These fees are current and subject to change without notice. This letter is not considered a contract but an estimate of charges. The diagnosis and treatment codes are also subject to change over the course of treatment and/or surgery.

ASI RECEIVED APR 5 2010

EXHIBIT 1
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9 never had braces -
2) no -

Quality Appeals
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JUSTIN OLSEN 03/12/2010

Justin is 27 years old. Justin had a right condylar hyperplasia probably type 2 that was resected at age 11 years. He has done well since that time until more recently. He was diagnosed with a pituitary tumor which was removed in August 2007. He was on prednisone until November 2007. Then his jaw started hurting and he developed daily headaches on the right side. He rates his daily headaches at a level of 7 in the frontal, temporal, posterior, and on the top of the head. He rates his TMJ pain at 7, average daily pain at 5, jaw function at 1, diet at 1, disability at 0. He has no trouble with earaches, tinnitus, nor vertigo. No other joints bother him. He is not aware of clenching or bruxism. He takes the following medications:

1. Diazepam.
2. Magnesium citrate.
3. Unisom sleep tabs.
4. Prilosec.

RADIOGRAPHIC EVALUATION. Panorex shows the absence of all four third molars. He appears to have a Class I cuspid relationship on the left side and Class II end-on cuspid relationship on the right side. The left condyle looks relatively normal in size and shape. The right condyle is quite short and stumpy being very short vertically and broad anteroposteriorly. The articular eminence is flat. The condyle functions anterior to the fossa on the flattened articular eminence area. The vertical height of the ramus on the right side appears short vertically.

TMJ sagittal view radiographs show that the left condyle has relatively normal morphology, although somewhat posteriorly positioned in the fossa with some slight anterior beaking. Articular eminence has a moderate inclination.

Right sagittal view shows extreme flattening on the top of the head of the condyle with cortical bone on the top. There is decreased joint space between the condylar head and the articular eminence. The articular eminence is quite flat and broad in an anteroposterior dimension. It has a relatively shallow slope to it.

Coronal view left TMJ shows a broad condylar head with decreased vertical joint space particularly at the lateral aspect of the joint. The lateral rim of the fossa is fairly flat.

Right TMJ coronal view shows a flattened condylar head with significant loss of vertical volume. The condyle is functioning anterior to the fossa area on the articular eminence. There is a medial extension that provides reasonably good interface. The joint space is quite narrow vertically.

Lateral cephalometric radiograph shows that there is a vertical difference in the occlusal plane by probably 2 to 3 mm. The inferior border of the mandible on the right side is shorter than the left side by probably 2 to 3 mm. Oropharyngeal airway looks normal. The patient appears to have a Class I skeletal and occlusal relationship, although slight Class II occlusion on the right side.

Dental model analysis confirms that there is a Class I occlusion on the left side, Class II end-on on the right side, and the mandibular dental midline has shifted towards the right 2 to 3 mm.

Primary concerns the patient has include the following:

1. Jaw pain on the right side.
2. Right sided headaches including the top of the head and the forehead.
3. Face pain and pressure in both cheeks.
4. Eyes burn.
5. Pain behind right eye.

I suspect that there is probably no articular disc on the right side. Probably the surgery involved opening the mouth significantly to get to the pituitary gland likely through a Le Fort I osteotomy, although there are no plates or wires seen on the x-rays. However, it is possible that the joint may have been stressed resulting in the subsequent current pain issues.

Basic diagnoses would be as follows:

1. Right TMJ arthritis.
2. Right TMJ pain.
3. Right sided headaches and myofascial pain.

Recommended treatment would be:

1. CT scan of jaws and jaw joints. \
2. Surgery.
   a. Right TMJ reconstruction with TMJ Concepts total joint prostheses.
   b. Right TMJ fat graft (harvest from the abdomen).
   c. Arch bars if orthodontic appliances are not applied.

JUSTIN OLSEN
DATE OF BIRTH: 06/17/1982
AGE: 27

03/10/2010

The patient previously was diagnosed with unilateral right condylar hyperplasia and on April 15, 1994, had a condylectomy performed on the right TMJ. He apparently has had no other surgical procedures to the jaws. The primary concerns that he has at this time are as follows:

1. Jaw pain right side.
2. Headaches right side and top of head as well as in the forehead area.
3. Facial pain and pressure in both cheeks.
4. Eyes burning and pain behind right eye.

He had a pituitary tumor removed in August 2007 and he was on prednisone until November 7. Then his jaw started to hurt and he got daily headaches on the right side and top of the head and forehead area since that time. The headaches occur daily and in addition he has moderate neck pain. He is not aware of clenching or bruxing at night. He has no trouble with earaches, ringing in the ears, or lightheadedness or dizziness. No other joints bother him. He rates his TMJ pain at 4, headaches at 7, and average daily pain around the head and neck area at 3. He rates his jaw function at 1, diet at 1, and did not rate his disability.

He takes the following medications:

1. Diazepam 5 mg tablets.
2. Magnesium 250 mg tablets.
3. Prilosec 25 mg.
4. Unisom sleeping tablet 1 tablet each night.

He is currently suffering from an upset stomach with the use of Tylenol with Codeine No. 3. He does not appear to have any significant airway issues, although he does have occasional loud snoring and moderate daytime tiredness. He does have some mild difficulties sleeping at night.

RADIOGRAPHIC EVALUATION. Panorex shows the absence of all four third molars, but the rest of the teeth are present. The right condyle is quite flattened and very short in vertical height secondary to previous surgery. There is cortical bone across the top of the condyle. The condyle has a mushroom shape to it. The articular eminence looks quite flat. The sinuses look relatively clear. The nasal septum looks good and turbinates appear relatively normal in size.

Left TMJ appears to have a relatively normal architecture. There is a little bit of anterior beaking on the condylar head. The joint space may be slightly decreased posteriorly. The articular eminence is moderately steep.

Right TMJ sagittal view shows a condyle that is postured somewhat forward in the fossa beneath the flattened articular eminence. The head of the condyle is quite flat. There is decreased vertical joint space at the anterior aspect of the condyle. The articular eminence is fairly flat.

Left TMJ coronal view shows a condyle that has fairly good morphology and width, but there is probably decreased joint space on the anterior left side.

Right coronal view shows a condyle that is quite flattened with significant loss of vertical volume. It is fairly close between the fossa and the head of the condyle. There is good airway. He has a skeletal and occlusal Class I relationship. There is a slight vertical discrepancy at the occlusal plane level and inferior border of the mandible with the right side being shorter by about 3 mm.

Dental model analyses shows that he has a Class I cuspid-molar on the left side and a Class II end-on cuspid-molar relationship on the right side. The mandibular dental midline is shifted 2 mm off to the right side.

I suspect he had a low condylectomy performed and the articular disc is probably repositioned over the condyle.

Diagnoses:

1. Previously treated condylar hyperplasia of right mandibular condyle with low condylectomy.
2. Right TMJ pain.
3. Right-sided headaches.
4. Class II end-on occlusion on the right side and Class I occlusion on the left side.
5. Probable mild facial asymmetry with the chin shifted to the right (no photographs were available for evaluation).

Recommended surgery would be as follows:

1. Right TMJ reconstruction with TMJ Concepts total joint prostheses.
2. Fat graft to right TMJ.

JUSTIN OLSEN 03/17/2010

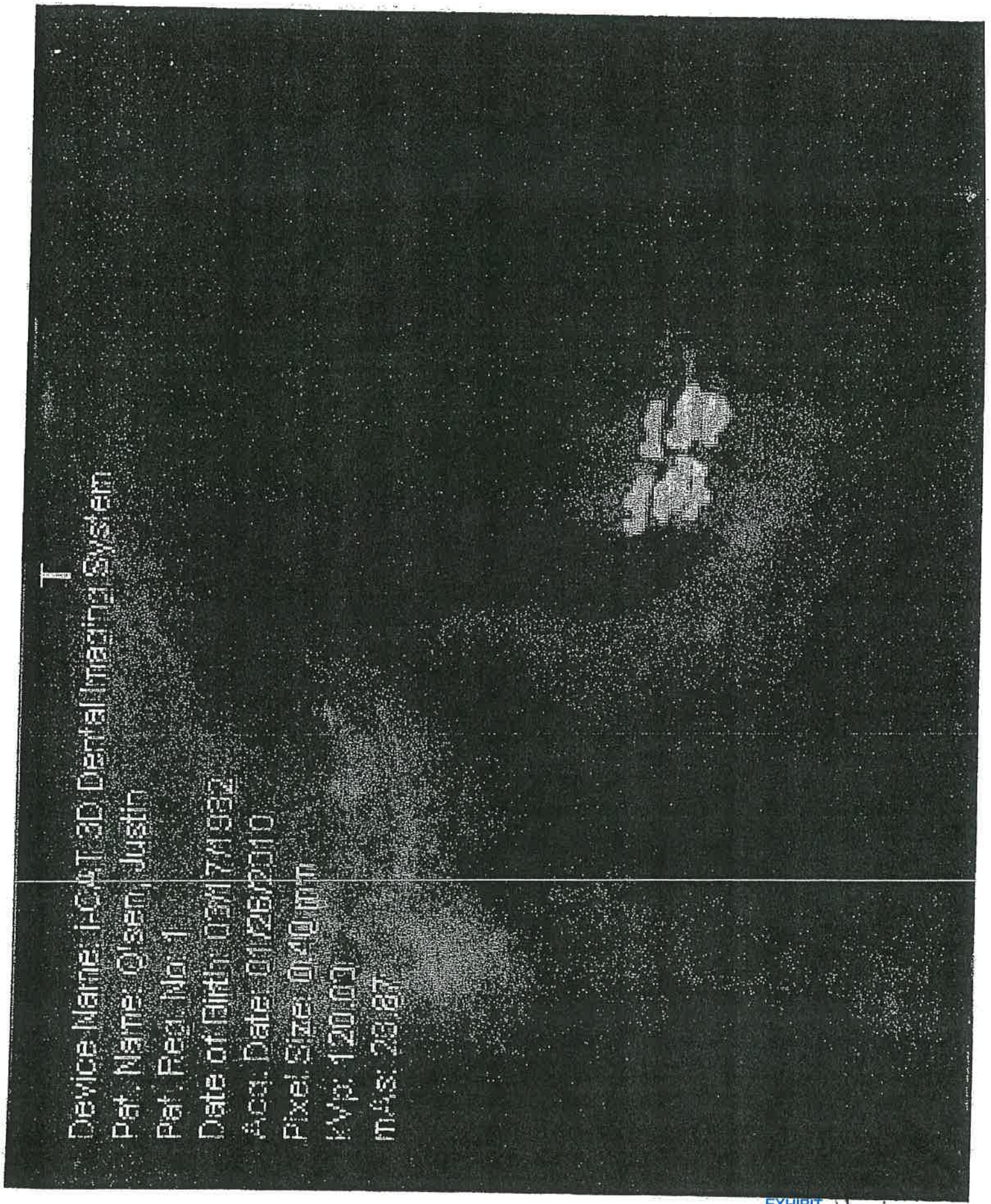
Telephone conversation with Justin Olsen. He has pain in right TMJ area. He gets pain down through the right side of his neck and shoulder area and jaw area. He has splints that he wears at night He generally wakes up with headaches, then they get a little bit better, but they then recur later in the day. I suspect he is probably clenching at night. His wife says that he looks fairly symmetric and from the front you would not know that there was any problem. As he opens, he does deviate towards the right side. Apparently, he has good jaw opening as they have been told that his opening is better than normal. He gets headaches predominantly on the right side. He has a neurologist that helps manage his conditions. Diagnoses would be as follows:

1. Right TMJ arthritis.
2. Right TMJ pain.
3. Right sided headaches.
4. Right side myofascial pain through the head, jaws, neck and shoulder.

Recommended treatment would be as follows:

1. Klonopin 1 mg tablet 1 tablet q.h.s. for at least 1 month.
2. CT scan of jaws and jaw joints.
3. Surgery.
   a. right TMJ reconstruction with TMJ Concepts total joint prostheses.
   b. right TMJ fat graft (harvest from the abdomen).
   c. Arch bars if orthodontic appliances are not applied.

Justin is to call me in 1 to 2 weeks to let me know how he progresses on the Klonopin. They will contact the neurologist to provide that medication for him. I also discussed with him that if he needs to get off the medication if he has been on it for a while he will need to decrease the dosage by taking half tablets for a while and then quarter tablets and then stop. He understands. He is to call me in 1 to 2 weeks and let me know how he is progressing on the Klonopin.



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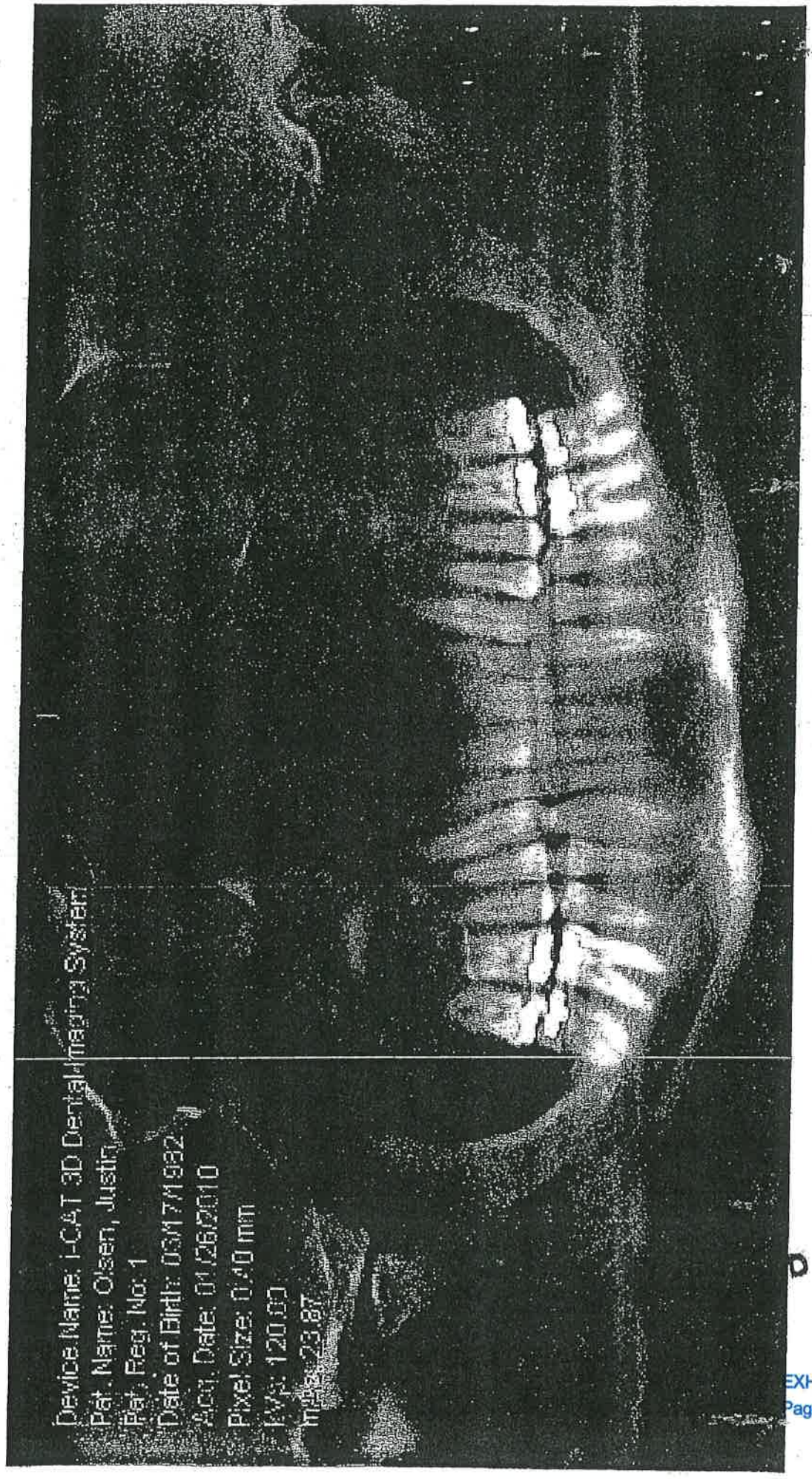

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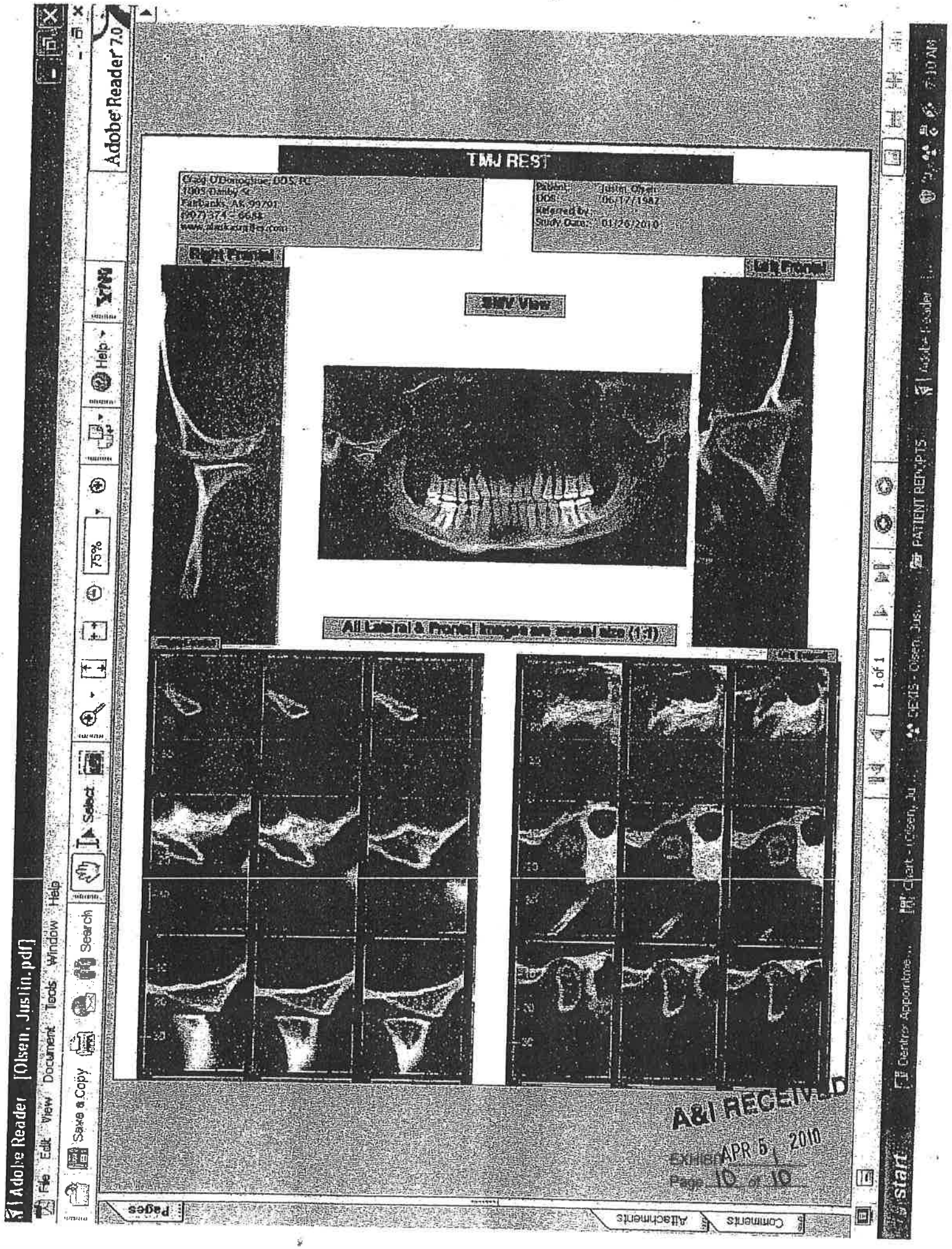
TMJ REST
Right Frontal
Left Frontal
TMJ View
All Lateral & Frontal Images are normal size (1:1)
A&I RECEIVED
APR 5, 2010
Exhibit
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